

**BUREAU OF MOTOR VEHICLES  
DEFENSIVE DRIVING DEPARTMENT**

**REGISTRATION FORM FOR THE:  
DRIVER IMPROVEMENT PROGRAM COURSE (DIP)**

(Revised 12/2002)

Course Title:	
Course Date:	Location:
Name:	
Agency:	
Address:	
Telephone:	

Authorized Signature of your respective Agency's Training Contact Person:

**X**

**PLEASE RETURN THIS REGISTRATION FORM TO:**

Defensive Driving Department  
**Attention:** Program Coordinator for State Employees  
**Bureau of Motor Vehicles**  
Indiana Government Center - North  
100 N. Senate Avenue (Room N402)  
Indianapolis, IN 46204

Or you may register by contacting our office at **(317) 233-6000 (option #1)**

**NO confirmation notices will be sent.** Arrangements may be made to conduct classes in other areas at an agency's convenience, by contacting the Bureau of Motor Vehicles at the above number.

**THIS CLASS DOES NOT SUBSTITUTE FOR A COURT ORDERED DRIVER IMPROVEMENT PROGRAM (DIP) CLASS OR THE DIP REQUIRED BY THE BUREAU OF MOTOR VEHICLES THROUGH THE ADMINISTRATIVE PROCESS.**